

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 582935

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14						
15		0				
16		0				
17		0				
18		0				
19						
20						
21						
22		0				
23		0				
24		0				
25						
26						
27		0				
28						
29						
30		0				
31						
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58		0				
59		0				
60		0				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	95	←		←		←
TOTAL CLAIMS	97					